## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/540567

|  |  |   |                                       |            |  |                  |          | 171270267           |                        |       |                     |                        |  |
|--|--|---|---------------------------------------|------------|--|------------------|----------|---------------------|------------------------|-------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2  |  |   |                                       |            |  | ımn 2)           |          | SMALL<br>TYPE       | ENTITY                 | OR    | OTHER<br>SMALL      |                        |  |
| FC   | DR .   | NUME                                      | BER FILED                             |            | NUMBER EXTRA                               |                  |          | RATE                | FEE                    | 1     | RATE                | FEE                    |  |
| BA   | SIC FEE  |   |                                       |            |  |                  | ľ        |                     | 345.00                 | OR    |                     | 690.00                 |  |
| ТС   | TAL CLAIMS                                     |   | 36 minus 20=                          |            | = 16                                       |                  |          | X\$ 9=              | -                      | OR    | X\$18=              | 288                    |  |
| IND  | DEPENDENT CI                                   | LAIMS                                     | 8 minus                               | 3 =        | * 5  |                  |          | X39=                |                        | OR    | X78=                | 390                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                       |            |  | Ì                | +130=    |                     | OR                     | +260= |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                       |            |  | Į                | TOTAL    |                     | OR                     | TOTAL | 1368                |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |            |  |                  |          |                     |                        | 4     | OTHER               | THAN                   |  |
| _  | <u> </u>                                       | (Column 1) CLAIMS                         |                                       |            | Column 2)<br>HIGHEST                       | (Column 3)       | -        | SMALL               |                        | OR    | SMALL               |                        |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PF         | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **         |  | =                |          | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                                 | ***        |  | =                | ı        | X39=                |                        | OR    | X78=                |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                                       | DENT CLAIM |  | ┟                |          |                     | Oh                     |       |                     |                        |  |
|  | •  |   |                                       |            |  |                  |          | +130=               |                        | OR    | +260=               |                        |  |
|  |  | ·   |                                       |            |  |                  | . A      | TOTAL<br>ADDIT. FEE |                        | OR ,  | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                | · · · · · · · · · · · · · · · · · · · |            | Column 2)                                  | (Column 3)       |          |                     | _                      |       |                     | •                      |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | PF         | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **         |  | =                | 1        | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                                 | ***        |  | =                | Ī        | X39=                |                        | OR    | X78=                |                        |  |
|  | FIRST PRESE                                    | NTATION OF N                              | MULTIPLE DE                           | PENE       | DENT CLAIM                                 |                  | t        | .100                |                        |       | .000                |                        |  |
|  |  | . •                                       |                                       |            |  |                  | L        | +130=<br>TOTAL      |                        | OR    | +260=<br>TOTAL      |                        |  |
|  |  |   |                                       |            |  |                  | Α        | DDIT. FEE           |                        | OR ,  | ADDIT. FEE          |                        |  |
| _  |  | (Column 1)                                |                                       |            | Column 2)                                  | (Column 3)       |          |                     |                        |       |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | PF         | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **         |  | =                |          | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                                 | ***        |  | =                |          | X39=                |                        | ı     | X78=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |            |  |                  | $\vdash$ | 7.00-               | <del></del>            | OR    | 770=                |                        |  |
|  | f the enterior color                           | mn 1 ie laas 4bs                          | the options to the                    |            | wite 407 ·                                 | C                |          | +130=               |                        | OR    | +260=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |            |  |                  |          |                     |                        |       |                     |                        |  |